FORM D



filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

SEC USE ONLY								
Prefix	Serial							
	I							
DATE RECEIVED								

OMB APPROVAL

Estimated average burden

hours per response.....16.00

3235-0076

OMB Number:

Expires:

	PTION L
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Shares of common International asset management group inc.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	O OF THE CEIVED
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	(e) 200 /s
International asset management group inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
12555 Biscayne blvd Miaml,FL,33181	786-566-8017
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Same	786-566-8017
Brief Description of Business	700-000-0017
•	VAILABLE COPY
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Type of Business Organization	lease specify): PROCESSED
✓ corporation	lesse specify): PHUUESSEL
Month Year	SEP 2 7 2007
Actual or Estimated Date of Incorporation or Organization: 111 [0]6 [2] Actual	nated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for other foreign jurisdiction)	FINANCIAL PROPERTY OF THE PROP
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	A notice is deemed filed with the U.S. Securities low or, if received at that address after the date on
When To Eiler 11 C Committee and Emphasize Committee and Fight Committee N.W. Workington D.C. 204	
where to rue: U.S. Securities and exchange Commission, 450 Pinn Street, N.W., Washington, U.C. 203	49.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205 Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually	signed. Any copies not manually signed must be
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied.	signed. Any copies not manually signed must be
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously suppliment be filed with the SEC.	r signed. Any copies not manually signed must be t the name of the issuer and offering, any changes ed in Parts A and B. Part E and the Appendix need the sof securities in those states that have adopted ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall

			single vilosinus.		
. Enter the information re	equested for the fol	lowing:			
Each promoter of the second seco	the issuer, if the iss	uer has been organized w	ithin the past five years;		
 Each beneficial ow 	roer having the pow	er to vate or dispose, or dir	ect the vote or disposition	of, 10% or more of	a class of equity securities of the issu
 Each executive off 	ficer and director o	f corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
 Each general and a 	uanaging partner o	f partnership issuers.			
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
ull Name (Last name first, i ohn Kennedy	f individual)				
usiness or Residence Addre 2555 Biscayne blvd I	ss (Number and Viarni ,FL,33181	Street, City, State, Zip Co	de)		
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
uli Name (Last name first, i	f individual)				
usiness or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)	· · ·	
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
uil Name (Last name first, i	f individual)				
usiness or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ill Name (Last name first, i	f individual)				
usiness or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ill Name (Last name first, i	f individual)	,			
usiness or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
ill Name (Last name first, i	f individual)				
usiness or Residence Addre	ess (Number and	Street, City, State, Zip Co	de)		
heck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
uli Name (Last name first,	if individual)				
usiness or Residence Addre	ss (Number and	Street, City, State, Zip Co	dc)		
	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary))

						il desilik	00.10		(i)				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No		
•.	ras mc	133461 3016	, or accs o			•				•		ш	
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?											s 10,	000.00	
•											Yes	No	
3.	3. Does the offering permit joint ownership of a single unit?										Œ		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										:			
	Full Name (Last name first, if individual) Company may utilize to assist in raising capitalbut has not formely engaged services of a broker dealer												
			Address (N	<u>_</u>	<u> </u>			BU SOLVICE:	SUIBUUK	ei ucalei			
D 0.	лиезэ от	residence	11001035 (11	Mander Mill	onoch C	ity, Biato, 2	Ap Couc,						
Naı	ne of Ass	sociated Br	oker or De	aler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						 .
	(Check	"All States	or check	individual	States)	*******	***************************************	*************		****************	******************	[] Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	Name (Last name	first, if indi	ividual)		•		·					
Bus	incss or	Residence	Address (7	Number an	d Street, C	ity, State,	Zip Code)	·····	<u> </u>				
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1491	IIC OI W25	SUCIALED DE	oker or De	RICI									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)		······································	***********		***************************************		☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NY SD	AR KS NII TN	CA KY NI TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WY	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (I	Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)		<u>.</u>				
Nar	ne of Ass	sociated Br	oker or De	alcr									
<u> </u>	en in 117L	iah Dasser	Listed Has	Caliaia 4	os Istanda	en Caltate 1	Dugah					<u>.</u>	
Stat			or check						************			□ All	l States
	•												[TKT]
	AL IL MT RJ	AK IN NE SC	AZ IA NV SD	AR (KS) (NH) (TN)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		A
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<u> </u>	S
	Equity	2,000,000.00	170,000.00
	☑ Common Preferred		
	Convertible Securities (including warrants)	<u> </u>	s
	Partnership Interests	•	\$
	Other (Specify)		\$
	Total		s 170,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
•	Accredited Investors		s
	Non-accredited Investors		s
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	The Corner of	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		3
	Rule 504		ss
_	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ 2,000.00
	Legal Fees	_	\$_6,000.00
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	\$ 200,000.00
	Other Expenses (identify) postage,travel		\$ 10,000.00
	Total		\$ 218,000.00

	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted groceeds to the issuer."	SS	\$1,782,000.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used to each of the purposes shown. If the amount for any purpose is not known, furnish an estimate a check the box to the left of the estimate. The total of the payments listed must equal the adjusted group proceeds to the issuer set forth in response to Part C — Question 4.b above.	nd	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	🗸 \$ _80,000.00	
	Purchase of real estate	🗆 s	
	Purchase, rental or leasing and installation of machinery		_
	and equipment		
	Construction or leasing of plant buildings and facilities	🗆 \$	□ s
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
	issuer pursuant to a merger)	🗆 s	□ \$ 1,120,000.00
	Repayment of indebtedness		
	Working capital		_
	Other (specify): marketing		
		_	
		🗆 \$	
	Column Totals	5 80,000.00	\$1,702,000.00
	Total Payments Listed (column totals added)	□ \$_ 1 ,	782,000.00
	A PONEDERAD SIGNATURE A CONTROL OF THE PROPERTY OF THE PROPERT		
	A SADAUEDERAL SIGNATURE		
igr	s issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comminformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) or	nission, upon writte	
SSU	ner (Print or Type) Signature	Date /	
inte	ernational asset management group inc.	8/16	107
	ne of Signer (Print or Type) Title of Signer (Print or Type) CEO,President	,	
			~

END!

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL							
OMB Numi	ber:	3235-0076					
		30,2008					
Expires: April 30,2008 Estimated average burden							
nours per response 16.00							



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Numi	ber:	3235-0076					
Expires:	April	30,2008 e burden					
Estimated	averag	e burden					
hours per response 16.00							

SEC USE ONLY

DATE RECEIVED

UNIFORM EMITTED OF ERRING EXEMITED
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) COUNTY RULE 506
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment A RASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Veracity Payment Solutions, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) 726 Holcomb Bridge Road, Norcross, Georgia 30071 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Telephone Number (Including Area Code)
(if different from Executive Offices) Brief Description of Business BEST AVAILABLE COPY
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed
Month Year Actual or Estimated Date of Incorporation or Organization: [112] [016] [2] Actual [1] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was resided by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	icer and director o	f corporate issuers and of	corporate general and man		a class of equity securities of the is partnership issuers; and
Each general and n eck Box(es) that Apply:	Promoter	f partnership issuers. Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
all Name (Last name first, i	f individual)				
usiness or Residence Addre 498 Folly Place, Norcro			ode)		
heck Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, i Sharp, Stephanie	f individual)				
lusiness or Residence Addre 169 Goodchild Court, Du	•	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Pramoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
rull Name (Last name first, i Putro, Grant	if individual)				
Business or Residence Addre			ode)		
7742 Spalding Drive, #43 Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Check Box(es) that Apply:	_				· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	if individual)				
		l Street, City, State, Zip C	ode)		
Full Name (Last name first,		Street, City, State, Zip C	ode) Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Business or Residence Addr	ess (Number and			Director	
Full Name (Last name first, Business or Residence Addr Check Box(es) that Apply: Full Name (Last name first,	Promoter if individual)		Executive Officer	Director	
Full Name (Last name first, Business or Residence Addr Check Box(es) that Apply:	Promoter if individual)	☐ Beneficial Owner	Executive Officer	Director Director	

ķ			Malight Malight		. B. II	FORMĀTI	ON ABOU	TÖFFERI	C. A. L.		ightig Till		
1.	Has the	issuer sold	, or does th	e issues in	itend to sel	l to non-ac	credited in	nvestors in	this offeri	ng?	**************	Yes	No Ed
•	1145 (110	133001 3010	, 0, 0000 111			Appendix,						_	_
2.	What is	the minim	um investm			- ·						s_100,000.00	
	3. Does the offering permit joint ownership of a single unit?									Yes	No		
3.													×
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only.										ie offering. with a state	···		
Full Name (Last name first, if individual)													
Business or Residence Address (Number and Street, City, State, Zip Code)													
Na	me of Ass	sociated Br	oker or De	aler	-								
Sta	ites in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers						
			" or check									Al	States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR (KS) (NH) (TN)	CA KY NI TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Fu	ll Name (Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State, I	Zip Code)			<u></u>			
Na	me of Ass	sociated B	roker or De	aler							J		
Sta			Listed Has										
	(Check	"All State:	s" or check	individual	l States)		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	441444,444,4444		******	□ AI	1 States
	AL TL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	II Name (Last name	first, if ind	ividual)								-	
Bu	isin ess or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)				<u> </u>		-
N	ame of As	sociated B	roker or De	aler									
St	ates in Wi	hich Perso	Listed Ha	s Solicited	or Intend	to Solicit	Purchasers	 ;					
	(Check	"All State	s" or check	individua	l States)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[] A1	l States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID) MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	•	Aggregate Offering Price	Amount Already Sold
	Type of Security	-	
	Debt		
	Equity	<u></u>	s
	Common Preferred		
	Convertible Securities (including warrants)	5	s
	Partnership Interests	S	\$
	Other (Specify Shares of Preferred Stock	1,500,000.00	s
	Total	1,500,000.00	s_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.			Aggragate
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		s
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		S
	Printing and Engraving Costs		S
	Legal Feesapproximately		s 50,000.00
	Accounting Fees		s
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify)		s
		_	£ 50.000.00

•	C. OFFERING PRICE NUMBE	R OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	11.75 2.75
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Queroceeds to the issuer."	uestion 4.a. This difference is the "adjusted gross		s1,450,000.00
j.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estimate and he payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		s
	Purchase of real estate			
	Purchase, rental or leasing and installation of mach	inerv		
	Construction or leasing of plant buildings and facili	ities		. 🗆 \$
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	e of securities involved in this s or securities of another		
	Repayment of indebtedness		□ \$. 🗆 \$
	Working capital		□ s	s 1,000,000.0
	Other (specify):		□ 2	. 🗆 \$
	Column Totals		□ \$ 0.00	\$ 1,000,000.0
	Total Payments Listed (column totals added)		[] \$_1	,000,000,000
ſ	The second secon	D. FEDERAL SIGNATURE		
si	ne issuer has duly caused this notice to be signed by the ugnature constitutes an undertaking by the issuer to furne information furnished by the issuer to any non-accre	indersigned duly authorized person. If this notic tish to the U.S. Securities and Exchange Commi	e is filed under R ssion, upon writt	ule 505, the following en request of its staff,
Īs	suer (Print or Type)	Signature 101	Date	
٧	eracity Payment Solutions, Inc.	Joseph Whale	August 6, 2007	
Ñ	ame of Signer (Print or Type)	Title of Signer (Frint or Type)		
Jo	e Cohane	President U		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E STATE SIGNATURE		
 Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Veracity Payment Solutions, Inc.	Signature Date August 6, 2007
Name (Print or Type) Joe Cohane	Title (Print or Type) President

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX										
1	2 3 Type of security and aggregate offering price investors in State (Part B-Item I) Type of security and aggregate offering price offering price offered in state (Part C-Item I)			Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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I	2 3 Type of security and aggregate offering price investors in State (Part B-ltem 1) Type of security and aggregate offering price offered in state (Part C-ltem 1)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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